

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

CITY CLERKS OFFICE

of Massachusetts	File with 2017 JAN 20 AM 11: 28					
Fill in Reporting Period dates: Beginning Date:	1/2016 Ending Date: 42/31/1601801					
Type of Report: (Check one)						
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution					
Toanne Elizabeth Campbell Candidate Full Name (if applicable) Alderman Ward Office Sought and District 45 Arlington Rd. Woburn, MA Residential Address 0180 E-mail:	Committee Name Marianne Girouard Name of Committee Treasurer 45 Arlington Rd, Wohurn MA Gommittee Mailing Address E-mail:					
Phone # (optional):	Phone # (optional):					
CHIMIM A DAY DAY A NI	CE INFORMATION:					
SUMMARY BALAN	CE INFORMATION:					
Line 1: Ending Balance from previous report	# 428,46					
Line 2: Total receipts this period (page 3, line 1						
Line 3: Subtotal (line 1 plus line 2)	# 428,46					
Line 4: Total expenditures this period (page 5, li	ne 14) # 50,00					
Line 5: Ending Balance (line 3 minus line 4)	# 378,46					
Line 6: Total in-kind contributions this period (p	age 6) Ø					
Line 7: Total (all) outstanding liabilities (page 7)	#430.92					
Line 8: Name of bank(s) used: Northern	Line 8: Name of bank(s) used: Northern Bank + Trust					
Affidavit of Committee Treasurer: certify that I have examined this report including attached schedules and it is, to the best ctivity, including all contributions, loans, receipts, expenditures, disbursements, in-kind inance activity of all persons acting under the authority or on behalf of this committee in tigned under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign					
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	ox only)					
Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	e best of my knowledge and belief, a true and complete statement of all campaign finance ecordance with the requirements of M.G.L. c. 55. I have not received any contributions, g period.					
Candidate without Committee OR Candidate with independent activity filing s I certify that I have examined this report including attached schedules and it is, to th finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of th	e best of my knowledge and belief, a true and complete statement of all campaign s, in-kind contributions and liabilities for this reporting period and represents the					
and under the penalties of perjury: ADA NMA C. JAM IN	All VV - (Candidatala gignatura)					

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
		THE STATE OF THE S		
ine 9: Total Receipts	over \$50 (or listed above)	ONE ADDRESS OF THE PROPERTY OF		
ine 10: Total Receipts	s \$50 and under* (not listed above)			
ine 11: TOTAL REC	CEIPTS IN THE PERIOD	Ø	Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)
		7	
			<i></i>
9: Total Receipts	over \$50 (or listed above)		,
0: Total Receipts	s \$50 and under* (not listed above)		
11: TOTAL REC	CEIPTS IN THE PERIOD	Ø	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be a ded together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Daymaga - C E	
Date Faid	(aiphabencai fishing)	Address	Purpose of Expenditure	Amount
Months of Angel - In the person of the con-	The state of the s	\$ 1000 to 1000	STATE OF THE PROPERTY OF THE P	
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*		Line 12: Total Expenditures over	\$50 (or listed above)	2000
		Line 13: Total Expanditures \$50 a	and and dock (and line 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	11 50 00
		Line 13: Total Expenditures \$50 a	nd under (not fisted above)	\$50.00 \$50.00
		Line 14: TOTAL EXPENDITUI		

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	I	Line 12: Expenditures over \$50 (or listed above)	
	L	ine 13: Expenditures \$50 and un	der* (not listed above)	
		ine 14: TOTAL EXPENDITU	1	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
NO. 2011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				111111111111111111111111111111111111111
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				The second secon
				THE STREET S
L		Line 15: In-Kind Contributions o	ver \$50 (or listed above)	TO STATE OF THE ST
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Various Dates	Joanne Campbel	45 Arlington Rd.	Loans	# _{430,92}
			,	
		,		
				7
	Enter on page 1, line $7 \rightarrow L$	ine 18: TOTAL OUTSTANDIN	NG LIABILITIES (ALL)	#430,92